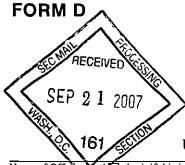
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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL				
OMB Number:	3235-0076			
Expires: Ap Estimated aver	ril 30,2008			
Estimated aver	age burden			
hours per respo				

SEC USE ONLY				
Prefix	Serial			
DATE F	RECEIVED			
- 1	t			

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

	$\hat{\tau}_{s}$	A. BASIC IDE	NTIFICATION D	ĄTA ·	•		
2. Enter the information requested	for the following	g:					
 Each promoter of the issue 	er, if the issuer he	s been organized wit	hin the past five ye	ears;			
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.							
Each executive officer and							
Each general and managin				J J .	•	•	
Check Box(es) that Apply: [7] F	Promoter 🔽	Beneficial Owner	Executive Of	ficer 📝 Dire	ector 🗌	General and/or Managing Partner	
Full Name (Last name first, if indivi Strugatz, Peter	dual)						
Business or Residence Address (N c/o IceStone, LLC, Brooklyn Na		• • •	•	, NY 11205-10	10		
Check Box(es) that Apply:	Promoter 🗾	Beneficial Owner	Executive Of	ficer Dire	ctor 🗌	General and/or Managing Partner	
Full Name (Last name first, if indivi	dual)		7				
Magagnini, Miranda							
Business or Residence Address (N	umber and Street	, City, State, Zip Cod	c)				
c/o iceStone, LLC, Brooklyn Na	vy Yard, 63 Flu	ishing Avenue, Un	it 283, Brooklyn,	NY 11205-101	10		
Check Box(es) that Apply:	romoter 🗾	Beneficial Owner	Executive Of	ficer Dire	ector 🔽	General and/or Managing Partner	
Full Name (Last name first, if indivi	dual)						
Magagnini/Strugatz Ventures Ll	LC						
Business or Residence Address (N	umber and Street	, City, State, Zip Cod	e)				
c/o IceStone, LLC, Brooklyn Na	vy Yard, 63 Flu	ishing Avenue, Un	it 283, Brooklyn,	NY 11205-10	10		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Of	ficer Dire	ctor 🗌	General and/or Managing Partner	
Full Name (Last name first, if indivi-	dual)						
Business or Residence Address (No	umber and Street	City, State, Zip Cod	c)				
Check Box(es) that Apply: F	romoter	Beneficial Owner	Executive Of	ficer Dire	ector	General and/or Managing Partner	
Full Name (Last name first, if indivi-	dual)						
Business or Residence Address (No	umber and Street	City, State, Zip Cod	c)				
Check Box(es) that Apply:	romoter	Beneficial Owner	Executive Of	ficer Dire	ctor	General and/or Managing Partner	
Full Name (Last name first, if indivi-	dual)						
Business or Residence Address (No	imber and Street,	City, State, Zip Cod	c)		_		
Check Box(es) that Apply:	romoter [Beneficial Owner	Executive Of	ficer Dire	ector	General and/or Managing Partner	
full Name (Last name first, if individual)							
Business or Residence Address (No	imber and Street,	City, State, Zip Cod	c)				
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)							

	B. INFORMATION ABOUT OFFERING													
							Yes	No						
1. H									Ø					
a 191	Answer also in Appendix, Column 2, if filing under ULOE.							s 10,6	000					
2. W	2. What is the minimum investment that will be accepted from any individual?								Yes	No				
			permit joint									Ø		
											irectly, any			
If	a perso	n to be list	ted is an ass	ociated pe	rson or age	nt of a brok	er or deale:	r registered	l with the S	EC and/or	he offering. with a state			
										ciated pers	ons of such			
a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)							-							
		est Group,												
			Address (N			· · ·	(ip Code							
			s Blvd., We oker or Dea		lage, CA 9	1362			· · · · · · · · · · · · · · · · · · ·					
			nagement,											
			Listed Has							,				
(C	Check "	All States	" or check	individual	States)		*******			*************	••••••	All States		
A	L	AK	AZ	AR	C/A	ÇO	CT	DE	DC		GA	HI	ID	
	L.	IN	IA	KS	KY	LA	ME	MD	M/A	MI	MN	MS	MO	
	<u>(T</u>	NE SC	NV SD	NH	TX	NM TIT	NY VT	NC VA	ND WA	OH WV	OK)	OR WY	PA PR	
<u> </u>	रा	SC)	SD	TN		ŪT]	VT)	∀ A]	WA	[<u>w v</u>]	[_ XX_]]		[[K]	
Full N	ame (L	ast name f	îrst, if indi	vidual)										
Busine	ss or I	Residence	Address (N	lumber an	d Street. C	ity. State 2	Zip Code)							
						,,, ·	,,							
Name	of Asso	ciated Bro	oker or Dea	ler										
States	in Whi	ch Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers		<u> </u>					
(C	heck "	All States	" or check	individual	States)							☐ All	States	
Δ	L	ĀK	AZ	ĀR	CA	CO	CT	DE	[DC]	FL	GA	н	ĪD	
_	r iri	IN	IA)	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
	(T	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK.	OR	PA	
F	रा	SC	SD	TN	TX	ÜT	VT	VΑ	WA	WV	WI	WY	PR	
Full Na	ame (L	ast name f	irst, if indi	vidual)										
Bucina	cc o- t	Pacidanas	Address (N	lumber an	d Street C	ity Stote 1	7in Code							
Business or Residence Address (Number and Street, City, State, Zip Code)														
Name of Associated Broker or Dealer														
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
(Check "All States" or check individual States)							☐ All	States						
AL AK AZ AR CA CO CT DE DC FL GA							HI	ĪD						
	L]	IN	IA I	[KS]	KY	LA	ME	MD	MA	MI		MS	MO	
	T	NE.	NV	NH	NJ	NM	NY	NC	ND	OH	OK.	ÖR	PA	
R	RI	SC	SD	TN	TX	UT	∇T	VA	WA	WV	WI	WY)	PR	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
		_	-
	Debt		\$ 1 273 551 00
	Equity LLC Membership Interests ("LMIs")	1,270,001.00	\$ 1,275,551.00
	Common Preferred		•
	Convertible Securities (including warrants)		
	Partnership Interests		
	Other (Specify)	1 273 551 00	\$
	Total	1,210,001.00	\$ 1,273,331.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	30	\$ 1,273,551.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		s
	Rule 504		s
	Total		s
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	[2]	\$ 7,500.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$ 44,927.50
	Other Expenses (identify) Blue Sky Fees and Printing	2	\$ 12,500.00
	Total		s 64,927.50

 	C. OFFERING PRICE, NUMI	BER OF INVESTORS, EXPENSES AND USE OF PI	ROCEEDS	
and total exp	enses furnished in response to Part C -	ing price given in response to Part C — Question 1 Question 4.a. This difference is the "adjusted gross		\$
each of the p	ourposes shown. If the amount for an	proceed to the issuer used or proposed to be used for y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross C — Question 4.b above.		
			Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and	fees] \$	
Purchase of	real estate]\$. 🗆 s
Purchase, re and equipme	ntal or leasing and installation of mac	hinery] \$	
		ilities		
offering that	of other businesses (including the values may be used in exchange for the asse	ue of securities involved in this ts or securities of another	7 \$	
-	= ·		_	
				
		nd Working Capital		
]\$	
Column Tot	als	F	7 \$	5 1,208,623.5
	Total Payments Listed (column totals added)			
		D. FEDERAL SIGNATURE		
ignature constitu	ites an undertaking by the issuer to fur-	undersigned duly authorized person. If this notice nish to the U.S. Securities and Exchange Commiss redited investor pulsuant to paragraph (b)(2) of R	ion, upon writte	n request of its staff,
ssuer (Print or T	ype)	Signature D	ate	ber 12,2007
IceStone, LLC			\ uguet <u>>(</u>1), 2 0(12,2007 17
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Peter Strugatz		President of the Managing Member of the Issu	er	

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)